

**Issue Classification**

(Assistant Examiner) (Date)

(Legal Instruments Examiner) (Date)

**DON LE  
PRIMARY EXAMINER**

(Primary Examiner)

**Total Claims Allowed: 25**

O.G.  
Print Claim(s)

10

O.G.  
Print Fig.

**2b**

☐ Claims renumbered in the same order as presented by applicant☐ CPA☐ T.D.

□ R.1.47

Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original	
	1			31			61			16	91			121			181
	2			32			62			17	92			122			182
	3			33			63			18	93			123			183
	4			34			64			19	94			124			184
	5			35			65			20	95			125			185
	6			36			66			21	96			126			186
	7			37			67			22	97			127			187
	8			38			68			23	98			128			188
	9			39			69			24	99			129			189
	10			40			70			25	100			130			190
	11			41			71				101			131			191
	12			42			72				102			132			192
	13			43			73				103			133			193
	14			44			74				104			134			194
	15			45			75				105			135			195
	16			46		1	76				106			136			196
	17			47		2	77				107			137			197
	18			48		3	78				108			138			198
	19			49		4	79				109			139			199
	20			50		5	80				110			140			200
	21			51		6	81				111			141			201
	22			52		7	82				112			142			202
	23			53		8	83				113			143			203
	24			54		9	84				114			144			204
	25			55		10	85				115			145			205
	26			56		11	86				116			146			206
	27			57		12	87				117			147			207
	28			58		13	88				118			148			208
	29			59		14	89				119			149			209
	30			60		15	90				120			150			210